

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <b>10/518879</b>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ 200.00
		7 TOTAL AMOUNT OF REFUND		\$ 200.00
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check	
	Duplicate Payment		Credit Deposit A/C #:	
	No Fee Due (Explanation):	9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; position: relative;"> <span style="position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">--</span> </div>	
<p><i>The applicant paid \$200 in excess of the search fee which is \$50.</i></p>				
11 REFUND REQUESTED BY: <u>W. Alvarado</u>				
TYPED/PRINTED NAME: <u>William Alvarado</u>		TITLE: _____		
SIGNATURE: <u>W. Alvarado</u>		PHONE: <u>703-308-9140 Ext 206</u>		
OFFICE: <u>DO/EO OFFICE</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*